

SUFFOLK COUNTY HUMAN RIGHTS COMMISSION
INTAKE INFORMATION

For Office Use Only

☐ Hauppauge Intake

☐ Riverhead Intake

Complainant Information

Name: _____
Last First Middle

Address: _____
Street

City State Zip Date of Birth Social Sec #(last 4 digits only)

Telephone: (____) _____ (____) _____ (____) _____
Home Cell Business

E-Mail Address: _____ Can we call you at work? [] Yes or [] No

Do you have an attorney? [] Yes or [] No Attorney's Name: _____
Attorney Phone # _____

Is your complaint [] Employment [] Housing [] Public Accommodation

Related to? [] Education [] Credit [] Other _____

Basis of Your Complaint: Please check all that apply and specify.

[] Race/Color _____

[] Use of Service Animal _____

[] Religion/Creed _____

[] Disability _____

[] Marital Status _____

[] Sexual Harassment _____

[] National Origin _____

[] Pregnancy _____

[] Sexual Orientation _____

[] Alienage or Citizenship Status _____

[] Arrest/Conviction Record _____

[] Military Status _____

[] Gender _____

[] Status as Victim of Domestic Violence _____

[] Age (D.O.B. & Age) _____

[] Family Status # of children _____

☐ Veteran Status (Housing only)_____

☐ Lawful Source of Income (Housing only) _____

☐ Unlawful Salary Inquiry _____

☐ Retaliation_____

☐ Visible Traits(ie natural hair texture, protective
hairstyle, religious garments) _____

☐ Other_____

*****Complete this section only if your complaint is related to EMPLOYMENT*****

Respondent Information

What is the name and address of the company or organization that you have a complaint about?

Name: _____

Address: _____

Street

City _____ State _____ Zip _____ Phone: () _____

Name and job title of the person you have a complaint about:

Name: _____ Job Title: _____

Date you were hired: _____ Your Job Title: _____ Union: ☐ Yes or ☐ No

Approx. Number of Employees: _____ Last day of employment: _____

If terminated, Date notified of termination: _____

Date of the last incident of Discrimination: _____

Briefly describe what happened to you. (Further details can be provided at your intake interview.)

What are you seeking as a resolution of this matter? *****

Have you filed a complaint with any other agency or court on this matter? ☐ Yes ☐ No

If so, what agency or court? _____

*****Complete this section only if your complaint is related to HOUSING*****

What is the name and address of the person, company/organization that you have a complaint about?

Name: _____ Title: _____

Address: _____

Street

Phone: () _____

City

State

Zip

If you are complaining about a company or an organization, list the name(s) and titles(s) of the person(s) within that company/organization who caused you the problem:

What did the person, company/organization do to you?

☐ Refused to Rent ☐ Refused to Sell ☐ Refused to Show Premises
☐ Refused to Finance ☐ Evicted ☐ Other: _____

Original (first) date of discrimination: _____

Most recent date of discrimination: _____

Site/County of alleged discrimination: _____

Briefly describe what happened to you. (Further details can be provided at your intake interview.)

What are you seeking as a resolution of this matter? _____

Have you filed a complaint with any other agency or court on this same matter? ☐ Yes ☐ No

If so, what agency or court? _____

Complete this section only if your complaint is related to discrimination in a

*****PUBLIC ACCOMMODATION, EDUCATION OR CREDIT*****

What is the name and address of the company/organization that you have a complaint about?

Name: _____

Address: _____

Street

Phone: () _____

City

State

Zip

If known, list the name(s) and titles(s) of the person(s) within that company/organization who caused you the problem:

What kind of company/organization are you complaining about?

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Store	<input type="checkbox"/> School	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Club
<input type="checkbox"/> Bank	<input type="checkbox"/> Non-Profit Agency	<input type="checkbox"/> Other _____		

What happened to you?(check all that apply)

<input type="checkbox"/> Denied Service	<input type="checkbox"/> Denied Membership	<input type="checkbox"/> Membership Terminated
<input type="checkbox"/> Denied Accommodation	<input type="checkbox"/> Unequal Treatment	<input type="checkbox"/> Denied Credit/Loans
<input type="checkbox"/> Denied Application	<input type="checkbox"/> Suspended from School	<input type="checkbox"/> Other: _____

Original (first) date of discrimination: _____

Most recent date of discrimination: _____

Site/County of alleged discrimination: _____

Briefly describe what happened to you. (Further details can be provided at your intake interview)

What are you seeking as a resolution of this matter? _____

Have you filed a complaint with any other agency or court on this same matter? ☐ Yes ☐ No

If so, what agency or court? _____

Please read the following information carefully, and sign below to authorize an investigation of your complaint. If you have any questions about this section, please speak with a Commission Investigator, who will be happy to provide further clarification about our procedures.

I have been advised of the Commission’s procedures and I understand that this information sheet is not a formal complaint.

I request that the Suffolk County Human Rights Commission take whatever action they deem necessary in their investigation, and in so doing, I hereby give my authorization to release information contained in this form to any persons necessary. I also authorize the Commission to review my personnel records, medical records or other pertinent records, and receive copies therein, as well as to obtain any other information, which may be requested in the investigation of these allegations.

Signature

Date

.....
Name, address, and telephone number of someone who will always know how to reach you, if we have to contact you about your case:

Name: _____

Street: _____

City /State/ Zip: _____ Phone: _____

How did you learn about the Suffolk County Human Rights Commission? _____

